

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2015
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide corrosion-resistant sprinklers in all areas where moisture exist.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations during the initial tour on 10/12/15 at 7:30 AM revealed 6 of 6 sprinkler heads under the drive-through canopy had a build up of cobwebs were not anti-corrosive resistant sprinklers. National Fire Protection Association (NFPA) 25, 2-2.1.1 (1999 Edition) and NFPA 13, 3-2.6.2 (1999 edition) Special Coatings. Observations of the 300 hall exit canopy revealed the sprinkler head had a build up of lint and was not a anti-corrosive resistant sprinkler. NFPA 25, 2-2.1.1 (1999 edition) NFPA 13, 3-2.6.2 (1999 edition) Special Coatings. <p>These findings were verified by the maintenance director during the tour of the facility and acknowledged by the administrator during the exit conference on 10/12/15.</p>	K 062	<p>K062 SS=D NFPA 101 LIFE SAFETY CODE STANDARD Requirement:</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Finding:</p> <p>This standard is not met as evidenced by: Based on observation, the facility failed to provide corrosion-resistant sprinklers in all areas where moisture exist.</p> <ol style="list-style-type: none"> Observations during the initial tour on 10/12/15 at 7:30 am revealed 6 out of 6 sprinkler heads under the drive-through canopy had a build-up of cobwebs, were not anti-corrosive resistant sprinklers. Observation of the 300 hall exit canopy revealed the sprinkler head had a build-up of lint and was not an anti-corrosive resistant sprinkler. <p>Corrective Action:</p> <ol style="list-style-type: none"> New anti-corrosive resistant sprinklers were ordered on 10/14/15 with a 2 week delivery time. Each sprinkler head is special continued on next page 	
K 104 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.</p>	K 104	<p>K104 SS=E NFPA 101 LIFE SAFETY CODE STANDARD</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Craig B. Lamm

ADMINISTRATOR

10-29-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 28 2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2015
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
K 062 SS=D	continued from page 1	K 062	<p>ordered to fit. The 6 sprinkler heads will be replaced as soon as available. The Bells Nursing and Rehabilitation Center system was inspected on 9/10/15 by Key Fire Protection Services per NFPA standards and found to be in reliable operating condition.</p> <p>2. New anti-corrosive resistant sprinkler heads were ordered on 10/14/15 with a 2 week delivery time. Each head is special ordered to fit. The sprinkler heads will be replaced as soon as available. The Bells Nursing and Rehabilitation Center system was inspected on 9/10/15 by Key Fire Protection Services per NFPA standards and found to be in reliable operating condition.</p> <p>Additional Note: The sprinkler head located at the 200 hall exit canopy will also be replaced.</p> <p>The Administrator and/or designee will ensure that sprinkler heads are replaced accordingly with new anti-corrosive resistant sprinklers when available and will report compliance to the performance improvement committee.</p> <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: November 12, 2015</p> <p style="text-align: right;">11/12/15</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2015
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 104	Continued From page 1 This STANDARD is not met as evidenced by: National Fire Protection Association (NFPA) 01, 8.2.2.2 Based on observations, the facility failed to maintain all fire rated assemblies. The findings included: 1. Observations of the fire rated walls, on 10/12/14 from 8:00 AM to 9:00 AM revealed penetrations in the following areas: a. The storage room in the service hall had 2 penetrations around the fire sprinkler piping. b. The small mechanical room in the service hall had penetrations around the blue hose, the 2 gray pipes, and 3 steel pipes. 2. Observations on 10/12/15 from 8:00 AM to 9:00 AM revealed the walls above the fire rated doors had multiple penetrations around piping and conduits where the caulking had separated. Non-rated materials were used in penetrations, and there were penetrations from conduits that had not been sealed in the following areas: a. The fire rated corridor above the ceiling outside the director of nursing office. b. Above fire doors by resident room 212. c. Above the fire doors by resident room 311. d. The east equipment room had penetrations above the electrical panels and in the ceiling. These finding were verified by the maintenance supervisor during the tour of the facility and acknowledged by the administrator during the exit	K 104	Requirement: Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6. Finding: This STANDARD is not met as evidenced by National Fire Protection Association (NFPA) 01, 8.2.2.2. Based on observations, the facility failed to maintain all fire rated assemblies. 1. Observations of the fire rated walls, on 10/12/14 from 8:00 AM to 9:00 AM revealed penetrations in the following areas: a. The storage room in the service hall had 2 penetrations around the fire sprinkler piping. b. The small mechanical room in the service hall had penetrations around the blue hose, the 2 gray pipes, and 3 steel pipes. Corrective Action: All rated walls will be protected from penetrations with fire rate caulk. Inspections will be done timely by maintenance. Finding: 1. Observations on 10/12/15 from 8:00 AM to 9:00 AM revealed the walls above the fire rated doors had multiple penetrations around piping and conduits where the caulking had separated. Non-rated materials were used in penetrations, and there were penetrations from conduits that had not been sealed in the following areas: a. The fire rated corridor above the ceiling outside the director of nursing office. b. Above fire doors by resident room 212. c. Above the fire doors by resident room 311.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2015
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 104	Continued from page 2	K 104	<p>d. The east equipment room had penetrations above the electrical panels and in the ceiling.</p> <p>Corrective Action: All rated walls and any penetrations will be caulked with fire rated caulk. Maintenance will make routine inspections to ensure compliance. The maintenance supervisor and/or designee will report effectiveness to the Performance Improvement Committee quarterly for 2 quarters. FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: October 16, 2015</p>	10/16/15	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/12/2015
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 104	Continued From page 2 conference on 10/12/15.	K 104		
K 147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: National Fire Protection Association (NFPA) 99, 3-3.2.1.2 (d) (2) (1999 Edition)</p> <p>Based on observations, the facility failed to provide resident rooms with sufficient electrical receptacles to prohibit the use of power strips with medical equipment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation of resident room 203 on 10/12/15 at 9:00 AM, revealed B bed had the blow up mattress connected to a power strip. 2. Observation of resident room 211 on 10/12/15 at 9:15 AM, revealed the oxygen concentrator and other medical equipment were connected to a power strip. 3. Observation of resident room 221 on 10/12/15 at 10:00 AM, revealed the oxygen concentrator and other medical equipment were connected to a power strip. 4. Observation of resident room 227 on 10/12/15 at 10:40 AM, revealed the electrical blow up mattress was connected to a power strip. <p>These findings were verified by the maintenance</p>	K 147	<p>K147 SS=E NFPA 101 LIFE SAFETY CODE</p> <p>Requirement: Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2.</p> <p>Finding: This standard is not met as evidenced by: Based on observations, the facility failed to provide resident rooms with sufficient electrical receptacles to prohibit the use of power strips with medical equipment.</p> <ol style="list-style-type: none"> 1. Observations of resident room 203 on 10/12/15 at 9:00 AM, revealed B bed had the blow-up mattress connected to a power strip. 2. Observation of resident room 211 on 10/12/15 at 9:15 AM, revealed the oxygen concentrator and other medical equipment were connected to a power strip. 3. Observation of resident room 221 on 10/12/15 at 10:00 AM, revealed the oxygen concentrator and other medical equipment were connected to a power strip. 4. Observation of resident room 227 on 10/12/15 at 10:40 AM, revealed the electrical blow up mattress was connected to a power strip. <p>Corrective Action: 1. Additional receptables will be installed in rooms 203, 211, 221, 227 to accommodate medical equipment. This will be monitored by maintenance supervisor.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2015
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147	Continued From page 3 director during the survey and acknowledged by the administrator during the exit conference on 10/12/15.	K 147	The mainenance supervisor and/or designee will report compliance to the performance improvement committee. FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit. Completion Date: November 10, 2015	11/10/15	

RECEIVED
OCT 28 2015